



YOUTH COMMUNITY CORRECTIONS

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

TO: _____
(Name of Agency/Person) (Address, City, State, & Zip Code)

FROM: _____
(Juvenile Parole Officer/Aftercare Coordinator) (Address, City, State & Zip Code)

RE: _____
(Youth's Full Name) (Address, City, State & Zip Code)

_____ (Youth ID) _____ (Youth's Date of Birth)

I, _____, authorize the above party(ies) to release the following records:
Parent/Guardian's name

Check all that are specifically authorized:

- ☐ Academic ☐ Chemical Dependency Records and Evaluations ☐ Correctional Facility Records
☐ Juvenile Parole Records ☐ Juvenile Probation Records ☐ Law Enforcement Records ☐ Medical
☐ Mental Health Records and Evaluations ☐ Psychiatric ☐ Sex Offender Records and Polygraphs
☐ Victim Statements
☐ Other: _____

to: _____
I further authorize the exchange of information between the Department of Corrections and the above named agency(ies)/ person(s) for the purpose of: _____

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically six months from the date of signature.

Parent/Guardian/Superintendent's Signature

Date

Authorization expires six months from date of signature which is: _____

Juvenile Parole Officer/Aftercare Coordinator Signature

Date

Refusal of Authorization for a Request

☐ Refusal of Authorization

Parent/Guardian Signature

Youth ID

Date

Copy: Youth File